MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06664

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Oliver (Last) Atwell

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Jan. 31, 1862	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
carpenter	Building houses	Tracy's, A.A.Co.Md.	

13. FATHER'S NAME: Thomas E. Atwell

14. MOTHER'S MAIDEN NAME: Sara Frances Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Agnes S. Atwell, Shadyside, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Infarction — Interval between onset and death: 12 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary Insufficiency

DUE TO

(c) Arteriosclerotic C.V. Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8.31., 1952., to 7.8., 1953., that I last saw the deceased alive on 7.8., 1953., and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE Bowie Linn Grant (DEGREE OR TITLE) M.D. ADDRESS Shady Side, Md. DATE SIGNED 7.8.53.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/53	Woodfield's	Galesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 11- 53	J.B. Dent	T.A. Hardesty & Son	Galesville, Md.

RECEIVED
JUL 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06665

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lake Shore; MARYLAND; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1206 S. Charles St.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Bach

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April 28, 1867

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Sheetmetal

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Bach

14. MOTHER'S MAIDEN NAME: Anna Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. A. Audrey Kohlhafer Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Heat exhaustion — 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED White at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19.., to July 2, 1953, that I last saw the deceased alive on July 2, 1953 and that death occurred at 7:00 m., from the causes and on the date stated above.

SIGNATURE: Isaac Miller MD (Degree or title) ADDRESS: 1206 S Charles St DATE SIGNED: 7/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/6/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Anne Arundel Md.

DATE REC'D BY LOCAL REG.: 7/6/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS: John F. Denny, Inc. 715 Light St.

06666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Pendennis Mount AA Co Annapolis Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis Md
LENGTH OF STAY (in this place) 10 yrs X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pendennis Mt AA Co X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Annapolis AA Co COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Ritchie Highway Annapolis Md

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) Barrett (Last)
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 26-1887
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? yes
13. FATHER'S NAME Elmar Berlin
14. MOTHER'S MAIDEN NAME Catherine Wells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs Edna Brearley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
174X Immediate cause	(a) Uterine Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	2 yrs.
	(c) Carcinoma Uteri	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/19/, 1953, to 7/17/, 1953, that I last saw the deceased alive on 7/17/, 1953, and that death occurred at 12 25 pm m., from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 7/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 21-53
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Eastern ave Balto Co Md.
DATE REC'D BY LOCAL REG. 7/20/53
REGISTRAR'S SIGNATURE L J DeAlba
24. FUNERAL DIRECTOR Bernard A Fink Glen Burnie Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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RECEIVED
JUL 23 1923
BUREAU V. S.

Dr Martin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06667 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Macey's Convl Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
STREET ADDRESS (If rural, give location) 715 Monterey Ave

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) F (Last) BASIL

4. DATE OF DEATH: (Month) JULY (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 22, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Dairman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fletcher Basil

14. MOTHER'S MAIDEN NAME: Betty Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nO (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 577 40 3979

17. INFORMANT & ADDRESS: Mr George W. Housley Step son sames as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 350 X

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) (b) Parkinson's Disease — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to July 5, 1953, that I last saw the deceased alive on July 4, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE James R. Martin (DEGREE OR TITLE) M.D. ADDRESS Annapolis, Md. DATE SIGNED 7-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-7-53

NAME OF CEMETERY OR CREMATORY Edwards Chapel

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. July 7, 1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 14 1983
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06668

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownville
LENGTH OF STAY (in this place) 2yr 2mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balt
STREET ADDRESS (If rural give location) 905 Fermont

3. NAME OF DECEASED: (Type or Print) (First) Rosie (Middle) (Last) Bee
4. DATE OF DEATH: (Month) Jul (Day) 18 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia 43
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bee
14. MOTHER'S MAIDEN NAME: Sarah Jane (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Myocarditis, Chronic — Interval Between Onset And Death 2yr 2mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(026X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C.N.S. Syphilis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952 to Jul 18 1953, that I last saw the deceased alive on Jul 18, 1953, and that death occurred at 11:15 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-21-53
NAME OF CEMETERY OR CREMATORY Lillian Va
LOCATION (City, town, or county) (State) Va

DATE REC'D BY LOCAL REGISTRAR 7-20-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR George G. Kelson ADDRESS 1303 Presstman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]69

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
STREET ADDRESS (If rural, give location): Edgewater Post Office

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) P (Last) BEHLKE

4. DATE OF DEATH: (Month) JULY (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27, 1885

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months — IF UNDER 24 HRS.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Edgewater, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard D. Ball

14. MOTHER'S MAIDEN NAME: Alice V. Matchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---

(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mr. Charles H. Behlke Son Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive Cardio-Vascular Disease	10 yrs.
	(c) DUE TO	

443X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1947 19..49, to 7-20- 1953, that I last saw the deceased alive on 7-20-53 1953, and that death occurred at 2-38 p.m., from the causes and on the date stated above.

SIGNATURE James A. Martin (DEGREE OR TITLE) M.D. ADDRESS Annapolis, Md. DATE SIGNED 7-22-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 22 1953

NAME OF CEMETERY OR CREMATORY: Mayo Memorial Cemetery

LOCATION (City, town, or county) (State): Mayo, Maryland

DATE REC'D BY LOCAL REG. July 22 1953

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son Annapolis, Md.

RECEIVED
JUL 24 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (C-37)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY a a — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 29 Murray Ave

3. NAME OF DECEASED: (Type or Print) First: John (Middle): Revell (Last): Brady

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Aug 4-1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY: Mason

11. BIRTHPLACE (State or foreign country): a a Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James R. Brady

14. MOTHER'S MAIDEN NAME: Mary Sable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Jas G. Brady Annapolis Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
592X Immediate cause	(a) Uremia Edema Generalized DUE TO	Several yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Pulmonary Edema DUE TO	3 days
581.0	(c) Chr. Nephritis & Uremia	3 mos
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cirrhosis of Liver	Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1953, to 7-3, 1953, that I last saw the deceased alive on 7-3, 1953 and that death occurred at 3PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Leroy C Bird M D ADDRESS Annapolis Md DATE SIGNED 7-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-6-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR July 6, 1953 REGISTRAR'S SIGNATURE W. J. French 24. FUNERAL DIRECTOR John M. Sayle Sons ADDRESS Annapolis Md

VS A15

RECEIVED
JUL 10
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Pasadena
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magothy River Belvedere Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1333 - ANDRE - ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) RICHARD - JEROME BRIGERMAN.

4. DATE OF DEATH (Month) (Day) (Year) July 15 1953

5. SEX MALE
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8/7/46
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry BRIGERMAN.
14. MOTHER'S MAIDEN NAME CORA - DRYMALA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr. Harry Brigerman (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
9A.8 Immediate cause	(a) ACCIDENTAL - DROWNING.	SUDDEN.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) MAGOTHY RIVER - BELVEDERE BEACH. (CITY OR TOWN) (COUNTY) A.A. (STATE) MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/15/53 1:30 P. m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Drowning.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Gustave H. Faulkner M.D. (Degree or title) Deputy Medical Examiner. ADDRESS Glen Burnie Md. DATE SIGNED 7/15/53

CREMATION (Specify) Burial
DATE THEREOF July 20-1953
NAME OF CEMETERY OR CREMATORY St. Stanislaus
LOCATION (City, town, or county) Balto. City (State) Md.

DATE RECEIVED BY LOCAL REG. 7/16/53
REGISTRAR'S SIGNATURE Aw Hedrick Dunn
24. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1020 E. Chase Street

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) (Last) Brown
4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1877?
9. AGE last birthday: 76? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jim Taylor
14. MOTHER'S MAIDEN NAME: Harriett Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis Known to us since 7/7/53

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - -
(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 7/7, 1953, to 7/22, 1953, that I last saw the deceased alive on 7/22, 1953, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 28
NAME OF CEMETERY OR CREMATORY Mt Calvary
LOCATION (City, town, or county) (State) Annie AA

DATE REC'D BY LOCAL REGISTRAR 7/28/53
REGISTRAR'S SIGNATURE U W Hedrick SCL
24. FUNERAL DIRECTOR A Halstead
ADDRESS 918 D Hall ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 674 W. Fairmont Avenue
STREET ADDRESS (If rural give location): Baltimore City

3. NAME OF DECEASED: (First) Frank (Middle) (Last) Brown
4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 3/20/79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: — — — — — — —
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Chronic Myocarditis	Known to us since 12/10/52
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1 ....., 19 53 to 7/6 ....., 19 53, that I last saw the deceased alive on 7/6, 19 53, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichut M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 7/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-10-53
NAME OF CEMETERY OR CREMATORY: Mt Lebanon Cemetery
LOCATION (City, town, or county) (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 7/9/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Walter B. Spriggs
ADDRESS: 139 W. Hamburg St.

VS. A15

06675

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1514 Orleans St.,

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Marshall (Last) Brown
4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-1-01
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Brown
14. MOTHER'S MAIDEN NAME: Charlotte Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY No.: - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — "

DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — "

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 5/22, 1953, to 7/18, 1953, that I last saw the deceased alive on 7/18, 1953, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/22/53
NAME OF CEMETERY OR CREMATORY Mt Calvery
LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REGISTRAR 7-21-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Felloy D. Wilson
ADDRESS 1000 Brooklyn Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1953

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S | 8. DATE OF BIRTH: 6-25-1952 | 9. AGE last birthday: 1 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Annapolis Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Brown | 14. MOTHER'S MAIDEN NAME: Alice Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Esther Davis - Davidsonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Convulsions and Encephalitis — Interval Between Onset And Death: 6 hours

DUE TO

Antecedent causes (b) Chronic Brain Syndrome associated — Interval Between Onset And Death: Unknown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) with birth trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 , to 4 July, 1953, that I last saw the deceased alive on 4 July, 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE Philip Pousie (Degree or title) M.D. | ADDRESS 212 Prince George St | DATE SIGNED 4 July 53

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial | DATE THEREOF 7-5-53 | NAME OF CEMETERY OR CREMATORY Davidsonville | LOCATION (City, town, or county) Davidsonville (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 5, 1953 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR William Reese | ADDRESS 108 W. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Carvel Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2944 E. Preston Street

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) M. (Last) BURK

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Shubert

14. MOTHER'S MAIDEN NAME: Fredericka Grebe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Charles W. Burk 2944 E. Preston St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July 7, 1953, that I last saw the deceased alive on 7-6, 1953, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David Schneider M.D. ADDRESS 1101 N. Milton Ave DATE SIGNED 7-8-53

23. BURIAL, CREMATION REMOVAL (Specify) burial; DATE THEREOF 7/10/53; NAME OF CEMETERY OR CREMATORY Baltimore Cemetery; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/9/53; REGISTRAR'S SIGNATURE A. W. Hedrick; 24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTO., 13, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 2 mos. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore City
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 206 N. Schroder Street

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) (Last) Bush

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 2/25/1890

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Louis

14. MOTHER'S MAIDEN NAME: Sarah Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk.
(If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chronic Myocarditis — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Generalized Arteriosclerosis — M
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — M

19a. DATE OF OPERATION: — — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 5/15 ,19 53 , to 7/31 , 1953 , that I last saw the deceased alive on 7/31 , 19 53 , and that death occurred at 8:20 a.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen F. Kramer M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/4/53
NAME OF CEMETERY OR CREMATORY: Mt Auburn
LOCATION (City, town, or county) (State): Sparrows Pt. Md.

DATE REC'D BY LOCAL REGISTRAR: AUG 4 REC'D
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles L. Cooper
ADDRESS

VS. 15-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
STREET ADDRESS (If rural give location) U. S. ARMY HOSPITAL

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Keith (Last) Cannon

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 30 July 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dillard Cannon Jr.

14. MOTHER'S MAIDEN NAME: Thelma Jean Belcher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Thelma J. Cannon 401 B & A Blvd, Glen Burnie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.5

Immediate cause (a) Atalectasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 1953, to 31 July, 1953, that I last saw the deceased alive on 31 July, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE Mary E. Steinkemeier (Degree or title) Capt. M.C. ADDRESS U.S. Army Hosp. Ft. Meade Md. DATE SIGNED 31 July 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3 August 53 NAME OF CEMETERY OR CREMATORY Post Cemetery LOCATION (City, town, or county) Fort George G. Meade (State) Md

DATE REC'D BY LOCAL REGISTRAR 4 August 53 REGISTRAR'S SIGNATURE ARTHUR J. GORDON, CAPT., MC

24. FUNERAL DIRECTOR ANDREW BEAHM, Maj FGGM, Md

2073191403

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 680

CERTIFICATE OF DEATH

Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1634 W. Lanvale Street

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Christian
4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH: 10/5/12
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Oliver Cristy
14. MOTHER'S MAIDEN NAME: Annie Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.1

Immediate cause (a) Empyema of the lungs — Interval Between Onset And Death 13 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic Reaction, Paranoid Type Known to us since 10/7/52

19a. DATE OF OPERATION: - - - - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - -
(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from October 7, 1952, to July 12th, 1953, that I last saw the deceased alive on July 12th, 1953, and that death occurred at 10 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen Kempy M.D. ADDRESS Crownsville DATE SIGNED July 12th 53.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/16/53 NAME OF CEMETERY OR CREMATORY Lillian LOCATION (City, town, or county) (State) Lillian, Va.

DATE REC'D BY LOCAL REGISTRAR 7/13/53 REGISTRAR'S SIGNATURE [signature] Drath

24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Presstman St.

Geo. G. Kelson

Item 21 Film G156 7-23-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater Rt 2
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodland Beach
STREET ADDRESS (If rural, give location) Edgewater Rt #2

3. NAME OF DECEASED (Type or Print) (First) BERNICE (Middle) Juanita (Last) Clark
4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH april 1911
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Grafton W Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Everett Bunner
14. MOTHER'S MAIDEN NAME Frances (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. UNKNOWN
17. INFORMANT AND ADDRESS Thomas M Clark Edgewater Rt#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) Arle (STATE) Md
TIME OF INJURY (Month) 7 (Day) 6 (Year) 53 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Kimhardt (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 7/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9th 1953
NAME OF CEMETERY OR CREMATORY Washington Md
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. July 9, 1953
REGISTRAR'S SIGNATURE Edward Collinson
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 5801 Cleveland Ave Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15A

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Margarets
STREET ADDRESS (If rural give location) White Hall Road

3. NAME OF DECEASED (Type or Print) (First) Georgina (Middle) (Last) Cochran
4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feby 2d 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Stoney Creek Ontario Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George S. Fisher
14. MOTHER'S MAIDEN NAME: Martha Alway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Geo L. Cochran St Margarets Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Hemorrhage of rt. Middle Cerebral Artery — Interval Between Onset And Death 2½ day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal minimal bronchopneumonia — 14

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/12/1953, to 7/16, 1953, that I last saw the deceased alive on 7/16/1953, and that death occurred at 3 30 P.M., from the causes and on the date stated above.

SIGNATURE Frank M Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 7/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-16-1953 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Cleveland (State) Ohio

DATE REC'D BY LOCAL REGISTRAR July 16, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

[redacted] Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 3 yrs. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 46 N. Caroline Street

3. NAME OF DECEASED: (Type or Print) (First) Tom (Middle) (Last) Coles
4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8/9/91
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ~~Unknown~~ Construction
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Anrius Coles
14. MOTHER'S MAIDEN NAME: Mary Eliza Gary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 2 2 2

Immediate cause (a) Myocarditis — Interval Between Onset And Death 7/6/53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — (CITY OR TOWN) — — — — — — — — — — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1, 1953, to 7/9/53, 19..., that I last saw the deceased alive on 7/9, 1953, and that death occurred at 6:20 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Einhut, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/17/53
NAME OF CEMETERY OR CREMATORY Baltimore National Cem
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-14-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.D.
24. FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .. ....

VS. A16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
STATE: MARYLAND
LENGTH OF STAY (in this place): 7 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 2518 Arunah Avenue

3. NAME OF DECEASED: (First) Ella (Middle) Tate (Last) Cox
4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1953
5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0024

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ... — Interval Between Onset And Death: ...

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION - - - - -

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) (Last) Dean

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: April 9

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore City Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lafferty

14. MOTHER'S MAIDEN NAME: Mullan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Della Adolphus Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4200 Immediate cause	(a) Myocardial Failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6 53, to July 5 53, that I last saw the deceased alive on July 4 53, and that death occurred at 8-20A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vincent Gould, M.D. ADDRESS Mayo, Md. DATE SIGNED 7-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 7 1953 | NAME OF CEMETERY OR CREMATORY Mayo Methodist | LOCATION (City, town, or county) Mayo Anne to Md (State)

DATE REC'D BY LOCAL REG'R July 8, 1953 | REGISTRAR'S SIGNATURE Edward Collinson mnt

24. FUNERAL DIRECTOR T A Hardesty & Son ADDRESS Galesville Md.

RECEIVED
JUL 8 1.53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arunde
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sun Rise Beach
STREET ADDRESS (If rural give location) Crownsville Post Office

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) C (Last) DINGLEY

4. DATE OF DEATH: (Month) JULY (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 11, 1928

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A.A. County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert C. Dingley

14. MOTHER'S MAIDEN NAME: Mildred W. Atwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 215-24-4102

17. INFORMANT & ADDRESS: Mr Robert C. Dingley Father- Crownsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Diabetes mellitus with acidosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 10 Years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis with empyma — 3 Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ....,1951, to July 27, 1953, that I last saw the deceased alive on July 26, 1953 and that death occurred at 1:02 AM, from the causes and on the date stated above.

SIGNATURE Edward G. Sherrett (Degree or title) M.D. ADDRESS Gambrills Md DATE SIGNED 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 30, 53

NAME OF CEMETERY OR CREMATORY Our Lady of the Fields

LOCATION (City, town, or county) (State) Millersville, Md

DATE REC'D BY LOCAL REGISTRAR July 29, 1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY A l MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenburnie, Maryland
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 x

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A l
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WARREN	FRANKLIN	EASTHAM	July	19	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	White	Widower	7 AUG 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk		Flint Hill, Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Clinton Eastham	Fannie Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	165-05-1385	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
1777 Immediate cause	(a) Generalized Carcinamatosis DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cancer of prostate DUE TO	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1951, to July, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE Boake Linn Grant (DEGREE OR TITLE) M.D. ADDRESS Shady Side, Md. DATE SIGNED 7-20-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 21, 1953	Franklin Memorial Park	Hillcrest, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/21/53	Elsie Hutchinson	Whitmore-Hutchinson Funeral Service	

VS. A/6 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1141 D53

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1145 May Street
STREET ADDRESS (If rural give location) Baltimore City

3. NAME OF DECEASED: (Type or Print) (First) Rachael (Middle) (Last) Edwards

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2/24/79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Elijah Bennett

14. MOTHER'S MAIDEN NAME: Easter Gavin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY No.: — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Generalized Arteriosclerosis — Few years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE — — — — — —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —

TIME (Month) (Day) (Year) (Hour) OF INJURY — — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 7/6, 19 53, that I last saw the deceased alive on 7/6, 19 53, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold K. Eichert M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/13/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Balto City Md
DATE REC'D BY LOCAL REGISTRAR July 13 1953.
REGISTRAR'S SIGNATURE Katherine M. Joyce
24. FUNERAL DIRECTOR Frances A. Hensley
ADDRESS 578 W. Biddle St

L. L. De Alba

VS. 15

RECEIVED
JUL 16 19[illegible]
BUREAU V. S.

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 06889

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St MARGARTS.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MARGUERITE (Last) EMERICK
4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: 7-17-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWORK.
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William L. EMERICK
14. MOTHER'S MAIDEN NAME: ANNA Belle HAUSE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert. F. TANSILL St MARGARETS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X

Immediate cause (a) Carcinoma Stomach — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocarditis Chr. t — unknown
DUE TO (c) Myocardial Impairment

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1953, to July 21, 1953, that I last saw the deceased alive on July 17, 1953 and that death occurred at 2307 from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) MD
ADDRESS Annapolis Md
DATE SIGNED 7.21.53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
DATE THEREOF ~~7-23-53~~
NAME OF CEMETERY OR CREMATORY LOUDEN PARK
LOCATION (City, town, or county) BALTIMORE (State) Md

DATE REC'D BY LOCAL REGISTRAR July 22, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor & Sons. ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1953
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)53

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Annapolis
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: A.A. County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park 50
STREET ADDRESS (If rural, give location): 206 E 11 Ave

3. NAME OF DECEASED: (Type or Print) (First) MOLLY (Middle) Virginia (Last) FAIRCHILD

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 23, 1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): TROUTMAN N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Melcher

14. MOTHER'S MAIDEN NAME: Minnie E. Dearman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr James A. Fairchild Fairmont, N. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diabetes Mellitus	1 hr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6/, 1953, to 7/11/, 1953, that I last saw the deceased alive on 7/11/, 1953, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Frank M. Shipley M.D. Annapolis 7/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 14, 53 — NAME OF CEMETERY OR CREMATORY: Conover Cemetery — LOCATION (City, town, or county) (State): Conover, N.C.

DATE REC'D BY LOCAL REG.: July 11, 1953 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR** ADDRESS: Ben L. Hopping and Son Annapolis Md

RECEIVED
JUL 14 1953
REAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
STREET ADDRESS (If rural give location) 16 Summerfield Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) B. (Last) Ferkler, Sr.

4. DATE OF DEATH: (Month) JULY (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 9, 1872
9. AGE last birthday: 80 yrs yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clothing Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile Clothing
11. BIRTHPLACE (State or foreign country): Harpers Ferry, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ferkler
14. MOTHER'S MAIDEN NAME: Margaret Hyatt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Robert J. Wilson, 16 Summerfield Road Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease — 3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12-, 1953, to 7-15, 1953, that I last saw the deceased alive on 7-15, 1953, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE James R. Martin (Degree or title) MD. ADDRESS Annapolis, Md DATE SIGNED 7-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 18, 1953
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 7/16/53
REGISTRAR'S SIGNATURE [signature] Dmr
24. FUNERAL DIRECTOR [signature] Willis Lamoreau
ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 29

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort George G. Meade Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
STREET ADDRESS (If rural, give location) Box 38

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) Jean (Last) Fleenor
4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 53 19
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH 5/12/53
9. AGE last birthday yrs. If under 1 year Months 1 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Fort George G. Meade Hospital
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Marion Fleenor
14. MOTHER'S MAIDEN NAME Edith Belle Hanners
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Fort George G. Meade Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) INTERSTITIAL PNEUMONITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Joseph A. Jachimczyk (Degree or title) M.D. ADDRESS Assist. Med. Exam. 700 Fleet St Balto DATE SIGNED 7-4-53

CREMATION Burial DATE TO PROOF 7-6-53 NAME OF CEMETERY OR CREMATORY Fort Meade LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Lilly & Zulu Dar ADDRESS 403 S. Mosfield

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Specially important Physicians: please write the causes of death clearly and legibly.

318 407

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 4 yrs. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Fletcher
4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1907?
9. AGE last birthday: 46? yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Willemina Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Bronchopneumonia, Lung Abscess — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the skull — 8 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING X CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Crownsville State Hospital, Crownsville, A.A., Maryland
TIME OF INJURY (Month) 5 (Day) 12 (Year) 53 (Hour) 8a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒ x
HOW DID INJURY OCCUR? Undetermined

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from (natural causes) accident X suicide , homicide , undetermined .*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED 7/8/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 7/8/53 — NAME OF CEMETERY OR CREMATORY Crownsville State Hospital — LOCATION (City, town, or county) (State) Crownsville, Md.

DATE REC'D BY LOCAL REG 7-9-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Arnold H. Tibbert M.D. Committee

RECEIVED
JUL 16 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) (Last) FRANKLIN

4. DATE OF DEATH (Month) July (Day) 9 (Year) 1953

5. SEX Male — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Feb 14 1896 — 9. AGE last birthday 57 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUCKSTER — 10b. KIND OF BUSINESS OR INDUSTRY Seafood — 11. BIRTHPLACE (State or foreign country) Drury Lane — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dan Franklin — 14. MOTHER'S MAIDEN NAME Amy Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. none — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Immed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V.R. Disease — 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to July 9, 1953, that I last saw the deceased alive on 2 July, 1953, and that death occurred at 11 45 A.m., from the causes and on the date stated above.

SIGNATURE R B Tasker — (Degree or title) M D — ADDRESS Upper Marlboro — DATE SIGNED July 8, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 12 1953 — NAME OF CEMETERY OR CREMATORY Mixed — LOCATION (City, town, or county) Drury Lane (State)

DATE REC'D BY LOCAL REG. 7-11-53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR T A Hardesty & Son, [illegible] — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '91

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) Old Annapolis Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) John L. Garrison

4. DATE OF DEATH (Month) (Day) (Year) July 13 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 8, 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired): Ret. Tin Smith
10b. KIND OF BUSINESS OR INDUSTRY: Roofing Business
11. BIRTHPLACE (State or foreign country): Benfield, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Gladiola M. Swoboda, 2500 Druid Pk. Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332 X

Immediate cause (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) (b) Generalized Arteriosclerosis — 5 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953 to July 13, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. M. G. Lipsky M.D. (DEGREE OR TITLE) ADDRESS Odenton Md DATE SIGNED July 13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/17/53
NAME OF CEMETERY OR CREMATORY Moreland Park
LOCATION (City, town, or county) Parkville, Maryland (State)
DATE REC'D BY LOCAL REG. 7/16/53
REGISTRAR'S SIGNATURE H. W. Hedwick Dmk
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 (1-51)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoney Creek
LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenland Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale
STREET ADDRESS (If rural, give location) 1807 Maltravers Rd.

3. NAME OF DECEASED (Type or Print) (First) Beverly (Middle) Muriel (Last) Haddaway
4. DATE OF DEATH (Month) (Day) (Year) 19 7/5/53

5. SEX Female
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/7/39
9. AGE last birthday 13 yrs. If under 1 year Months Days If under 24 hrs. Hours M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School pupil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Haddaway
14. MOTHER'S MAIDEN NAME Leona Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Doris Hammel (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9228 Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. FINAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH X
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Water
(CITY OR TOWN) (COUNTY) (STATE) Stoney Creek, A.A. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/5/53 7.15P.M.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Drowning.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Gustave H. Pamberton Jr. (Degree or title) Deputy Medical Examiner
ADDRESS Glen Burnie, Md.
DATE SIGNED 7/6/53

DISPOSITION (Specify) Burial
DATE THEREOF July 8-53
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie A.A. Co. Md

DATE REC'D BY LOCAL REG. July 7, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Bernard A. Finke
ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNLADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)53

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 C.C. Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 39 C.C. Terrace

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Harried (Last)

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 1-10-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stokes

14. MOTHER'S MAIDEN NAME: Rachel Tuddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Charles Harried-Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4 hrs.

4432 X

Immediate cause (a) Cardiac Failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Disease DUE TO 3 yr.

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to July 7, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE Theodore K. Johnson (Degree or title) M D ADDRESS 40 North State, Annapolis, Md DATE SIGNED 7/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 9 1953 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town or county) Annapolis, (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 14, 1953 REGISTRAR'S SIGNATURE J. J. O'Donnell

24. FUNERAL DIRECTOR Miller Reese ADDRESS 108 W. Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]97

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 38 yrs. 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: C[illegible]il
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural give location): 106 Bethel Street

3. NAME OF DECEASED: (First) Rachel (Middle) (Last) Harris
4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1856?
9. AGE last birthday: 96? yrs.
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 19 52, to 7/22, 19 53, that I last saw the deceased alive on 7/22, 19 53, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen E. Kramer M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 7/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7/30/53
NAME OF CEMETERY OR CREMATORY: University Med. School
LOCATION (City, town, or county): Balto. City
(State): Md.

DATE REC'D BY LOCAL REGISTRAR: July 30, 1953
REGISTRAR'S SIGNATURE: L. J. D'Alba
Katherine M. Joyce
24. FUNERAL DIRECTOR: Frances G. Hemsley
ADDRESS: 578 N. Bidd[illegible]

RECEIVED
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BUREAU V. S.

tem 7 FilmG157 8/12/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]98

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton

LENGTH OF STAY (in this place) 15 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY A. A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton Md

STREET ADDRESS (If rural give location) 7th St

3. NAME OF DECEASED: (Type or Print) (First) ELIZA (Middle) JANE (Last) HELMODOLLAR

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 22 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tazewell Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Rebecca Tote

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Tillie Rushlow Odenton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive Cardio-Vascular Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(260X) (c)

Interval Between Onset And Death: 5 Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to July 19, 1953, that I last saw the deceased alive on July 17, 1953 and that death occurred at 3:35 PM from the causes and on the date stated above.

SIGNATURE Edward G Sherrett (Degree or title) M.D. ADDRESS Cambrills Md DATE SIGNED July 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 22 1953

NAME OF CEMETERY OR CREMATORY Ivy Hill

LOCATION (City, town, or county) (State) Laurel Md

DATE REC'D BY LOCAL REGISTRAR July 21-53

REGISTRAR'S SIGNATURE Clara Haslup

24. FUNERAL DIRECTOR Ridgley Selby ADDRESS 401 Wash. ave Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 7 1953
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 21 yrs. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1606 E. Monument Street

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1861?
9. AGE last birthday: 92? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Known to us since 2/25/25

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - - - - - - (CITY OR TOWN) (COUNTY) (STATE) -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 7/21, 19 53, that I last saw the deceased alive on 7/21, 19 53, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. ADDRESS Crownsville, Md. DATE SIGNED 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 23/53 NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem LOCATION (City, town, or county) (State) A. A. County Md

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jno Roth A. Elliott & Dyr ADDRESS 1129 N. Caroline St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 2521 W. North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Queen (Middle) Ester (Last) Johnson
4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1902?
9. AGE last birthday: 51.2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mayo Robinson
14. MOTHER'S MAIDEN NAME: Patsy Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Since admission 7/8/53
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Catatonic Excitement
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 7/8, 1953 to 7/14, 1953, that I last saw the deceased alive on 7/14, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold A. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 20, 1953
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7/16/53
REGISTRAR'S SIGNATURE A. W. Hedrick Dwa
24. FUNERAL DIRECTOR Hallam Funeral Home
ADDRESS 1631 Druid Hill Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS — LENGTH OF STAY (in this place): 81 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: ANNE
STATE MARYLAND — COUNTY ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
STREET ADDRESS (If rural give location): 11 ACTON PLACE

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Woolsey (Last) JOHNSON, Sr.

4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 4, 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): OFFICER

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William W. JOHNSON (Deceased)

14. MOTHER'S MAIDEN NAME: Susanna BACHELER (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES — (If Yes, give war or dates of service): WWII

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: GENERAL ARTERIOSCLEROSIS #450

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

Interval Between Onset And Death: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 APR, 1953, to 3 JUL, 1953, that I last saw the deceased alive on 3 JUL, 1953, and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE: R.K. MOXON, LCDR MC USN (Degree or title) — ADDRESS: U.S. NAVAL HOSPITAL, ANNAPOLIS, MD. — DATE SIGNED: 7-3-53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) — DATE THEREOF: 7-7-53 — NAME OF CEMETERY OR CREMATORY: Naval Academy Cemt — LOCATION (City, town, or county): Annapolis — (State): Md

DATE REC'D BY LOCAL REGISTRAR: July 6 1953 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John M. Sayles Sons — ADDRESS: Annapolis Md.

VS. A15

RECEIVED
JUL 1[illegible] 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 5 yrs. 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 00-01
STREET ADDRESS (If rural give location) 123 Exeter Street

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Kay
4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1898?
9. AGE last birthday: 55? yrs. IF UNDER 1 YEAR Months – Days – IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Kay
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) – – –
16. SOCIAL SECURITY NO.: – – – – – – – –
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.2

Immediate cause (a) Myocarditis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: – – – – – –
19b. MAJOR FINDINGS OF OPERATION –
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) – – – – – –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – – –
(CITY OR TOWN) (COUNTY) (STATE) – – – – – – – – – – – – – – – – – –
TIME OF INJURY (Month) (Day) (Year) (Hour) – – – – m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? – – – – – – – – – – – – – – – – – –

22. I hereby certify that I attended the deceased from 2/1, 19 53 to 7/8, 19 53, that I last saw the deceased alive on 7/8, 19 53, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/13/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Katherine M. Joyce
24. FUNERAL DIRECTOR Frances A Hemsley
ADDRESS 578 N Biddle St

July 13, 1953 L. J. De Alba mnl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Neck
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Neck
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) (Last) Kirby

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) H
8. DATE OF BIRTH: 9-3-1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West River, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Davis
14. MOTHER'S MAIDEN NAME: Druscilla Davis

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Ellen L. Kirby - Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X

Immediate cause (a) Acute myocarditis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 2 wks

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1953, to 7-22, 1953 that I last saw the deceased alive on 7-22, 1953, and that death occurred at 12:15 pm from the causes and on the date stated above.

SIGNATURE Faye W Allen (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 7-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-26-53
NAME OF CEMETERY OR CREMATORY Annapolis Neck
LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 26, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese II - 108 N. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Write PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O.Glen Burnie; LENGTH OF STAY (in this place): 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shoreland Drive Point Pleasant.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 1711 Light St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Klein

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/30/1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Georges L.Hoffman.

14. MOTHER'S MAIDEN NAME: Martha Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: John J.Klein (husband).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
421.1 Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

PLACE WHERE INJURY OCCURRED: PLACE (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustav H. Bauberdmd | (Degree or title) Deputy Medical Examiner. | ADDRESS: Glen Burnie, Md. | DATE SIGNED: 7/13/53

CREMATION (If any): B. | DATE THEREOF: 7.16.53 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Balto.

DATE RECD BY LOCAL REGISTRAR: 7/14/53 | REGISTRAR'S SIGNATURE: A.W. Hedrick DMD | 24. FUNERAL DIRECTOR? James L. McCeney | ADDRESS: 130 E. Fort Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Pasadena — LENGTH OF STAY (In this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brookfield Community Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): VICTORIA. CALLOPIA KRATSAS.
4. DATE OF DEATH (Month) (Day) (Year): July 22 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: 9/14, 43
9. AGE last birthday: 9 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Newport News, Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Georges Nick-Kratsas
14. MOTHER'S MAIDEN NAME: Mary-Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted]): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Mary Kratsas (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — Sudden

927.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Magothy River — (CITY OR TOWN): Brookfield Beach. — (COUNTY): A. A. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/22/53 3 P. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Drowning

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gustave H. Tauber Alba Deputy Medical examiner Glen Burnie Md. 7/22/53

[illegible] — DATE THEREOF: July 25 53 — NAME OF CEMETERY OR CREMATORY: Greek Orthodox — LOCATION (City, town, or county) (State): Windsor Mill Rd Balto Md

[illegible] BY LOCAL: July 24, 1953. — REGISTRAR'S SIGNATURE: L. J. De Alba — 24. FUNERAL DIRECTOR: Bernard A Fink — ADDRESS: Glen Burnie Md

MARGIN RESERVED FOR BINDING

[illegible] WRITE [illegible] MINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Curtis Bay
LENGTH OF STAY (In this place) 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Coast Guard Yard.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 320-Arden Rd.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) KRATZ
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH 4/28/98
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Fitter
10b. KIND OF BUSINESS OR INDUSTRY Coast Guard
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Kratz.
14. MOTHER'S MAIDEN NAME Mary Decker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. X
17. INFORMANT AND ADDRESS Mrs. Rose Ann Kratz (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH ☐
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE Gustave H. Fauber M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 7/27/53

CREMATION (Specify) Burial
DATE THEREOF 7/31/53
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) Balto., Md. State

DATE REC'D BY LOCAL REG. 7/29/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. Supply every item of information carefully. This is specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 149 Monticello Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 149 Monticello Ave

3. NAME OF DECEASED: (Type or Print) (First) REGINALD (Middle) C. (Last) LAMB

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 16th 1893 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Do not use retired): Instructor at Naval Academy | 10b. KIND OF BUSINESS OR INDUSTRY: Teaching | 11. BIRTHPLACE (State or foreign country): Penn | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William M. Lamb | 14. MOTHER'S MAIDEN NAME: Katherene Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: (wife) 149 Monticello Ave Mrs. Olivia M. Lamb ANNAPOLIS, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154X

Immediate cause (a) Carcinoma Rectum and Metastasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Colitis — 18 Months

DUE TO

(c) Arteriosclerosis moderate — unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1953, to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Bane M.D. | ADDRESS Annapolis Md | DATE SIGNED 7-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7-24-53 | NAME OF CEMETERY OR CREMATORY Naval Academy Cem | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR July 24, 1953 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Joseph M. Sayler Sons | ADDRESS Annapolis Md

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
LENGTH OF STAY (In this place) 2hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenland Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale P.O.Glen Burnie
STREET ADDRESS (If rural, give location) 1809 Maltravers Rd.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) Lane
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/18/20
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Slot Machine mechanic.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cleveland Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-40-2464
17. INFORMANT AND ADDRESS Mrs.Betty Lane (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1265 Immediate cause (a) Accidental drowning Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Stoney Creek (CITY OR TOWN) Stoney Creek, (COUNTY) A.A.Md. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/5/53 7.15P.M.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Drowning

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE Gustave A. Rauhen M.D. (Degree or title) Deputy Medical Examiner, Md. ADDRESS Glen Burnie, Md. DATE SIGNED 7/5/53

CREMATION (Name) Burnie DATE THEREOF July 6-53 NAME OF CEMETERY OR CREMATORY Cleveland LOCATION (City, town, or county) Cleveland (State) Ohio

DATE REC'D BY LOCAL REG. July 6, 1953 REGISTRAR'S SIGNATURE L. J. D'Alba 24. FUNERAL DIRECTOR Bernard A Fink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correctly, especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 53 Collage Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Franklin (Last) Lee

4. DATE OF DEATH: (Month) July (Day) 9th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Polute
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar-12-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Est. Insurance
10b. KIND OF BUSINESS OR INDUSTRY: Real Est. Fire Insurance
11. BIRTHPLACE (State or foreign country): Stephenson Md.
12. CITIZEN OF WHAT COUNTRY? N. S. A.

13. FATHER'S NAME: J. Franklin Lee
14. MOTHER'S MAIDEN NAME: Susan Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles F Lee Jr. Annapolis Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c) Hypertension

Interval Between Onset And Death: 2 weeks; Several yrs; Several years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to July 9, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 6 PM, from the causes and on the date stated above.
SIGNATURE George C Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 7-12-53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
DATE THEREOF 7-12-53
NAME OF CEMETERY OR CREMATORY St Annes
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 12, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hughesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) Locks

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1888.
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjaman Locks
14. MOTHER'S MAIDEN NAME: Anne Lizers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypostatic Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardio-vascular disease Known to us since 7/8/53

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 7/8, 19 53, to 7/21, 1953, that I last saw the deceased alive on 7/21, 19 53, and that death occurred at 9:05p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 25, 1953
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) Benedict, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-25-53
REGISTRAR'S SIGNATURE ~~M. L. [illegible]~~ Katherine M. Joyce mrs.
24. FUNERAL DIRECTOR Huntt & Ryan, ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY A.A. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: " Silver Sands "

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A.A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brooklyn Park 50

STREET ADDRESS (If rural give location): 5300 Ritchie Highway

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): WILLIAM E. LYNCH

4. DATE OF DEATH: (Month) (Day) (Year) 19: 7/4/53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 4/9/92

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William

14. MOTHER'S MAIDEN NAME: Isabelle Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis; Myocardial Degeneration — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatic Cirrhosis — 5 years; Diabetes Mellitus — 2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July, 1953 that I last saw the deceased alive on July 2, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE: P. J. Grimaldi (Degree or title) M.D. ADDRESS: 4609 Gov. Ritchie Hwy DATE SIGNED: 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): B

DATE THEREOF: 7/8/53

NAME OF CEMETERY OR CREMATORY: Holy Rosary

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REGISTRAR: 7-7-53

REGISTRAR'S SIGNATURE: JST

24. FUNERAL DIRECTOR ADDRESS: James L. McCully - 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
LENGTH OF STAY (In this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Augusta (Last) Manifold
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	Sept. 8, 1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
waterman	Fishing	Deale, Md.	

13. FATHER'S NAME: John W. Manifold
14. MOTHER'S MAIDEN NAME: Louise Virginia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	John Manifold, Deale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1

Immediate cause (a) myocandial infarction — 2hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerodic CV disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Bowie Ann Grantmyre M.D. — ADDRESS Shady Side, Md. — DATE SIGNED 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 8, 1953 | NAME OF CEMETERY OR CREMATORY St. James | LOCATION (City, town, or county) (State) Tracy's, Md.

DATE REC'D BY LOCAL REG. July 8, 53 | REGISTRAR'S SIGNATURE D. B. Dent | 24. FUNERAL DIRECTOR ADDRESS T. A. Hardesty & Son Galesville. Md.

RECEIVED
10 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Glenburnie - Severn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thompson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Glenburnie
STREET ADDRESS (If rural, give location) Thompson Ave (Severn Md)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Maxfield
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel R. Maxfield
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Wm. Buddenbohn, Thompson Ave, Severn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s)	DUE TO (b) Cardio Vascular Renal Disease	6 months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) ~~Chronic~~ Acute Nephritis with generalized Edema	2 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15-53, 1953, to July 21-53, that I last saw the deceased alive July 20-53, 1953, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE Joseph Lipsky (DEGREE OR TITLE) MD. ADDRESS Odenton Md DATE SIGNED July 21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/23/53
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. 7/22/53
REGISTRAR'S SIGNATURE A W Hunt
24. FUNERAL DIRECTOR Wm Cook Inc 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A10 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Severn, Maryland
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn Md Box 467

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Severn
STREET ADDRESS (If rural, give location) Severn Md Box 467

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) McAULIFFE

4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 16, 1886
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Car Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Dennis McAuliffe
14. MOTHER'S MAIDEN NAME: Mary Ellen Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-2293
17. INFORMANT & ADDRESS: Mrs Anna McAuliffe, Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis General	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1953, to 7/18, 1953, that I last saw the deceased alive on 7/18, 1953 and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE Bobby L. Jones (DEGREE OR TITLE) MD. ADDRESS 5 Central Ave SW. Glen Burnie DATE SIGNED 7/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/21/53
NAME OF CEMETERY OR CREMATORY Town Catholic Cem.
LOCATION (City, town, or county) 4300 Ad Fred Rd. (State)

DATE REC'D BY LOCAL REG. 7-20-53
REGISTRAR'S SIGNATURE A. W. Hedrich M.H.
24. FUNERAL DIRECTOR Jewf Lowan & Son Co. ADDRESS Hollmarsh

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 North West St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 107 North West St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Murray

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 11-29-1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 7 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Steam Fireman
10b. KIND OF BUSINESS OR INDUSTRY: St. of Md. Heating Plant
11. BIRTHPLACE (State or foreign country): West River, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Murray
14. MOTHER'S MAIDEN NAME: Isbella Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Avon Murray

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1953, to 7/12, 1953, that I last saw the deceased alive on 7/12, 1953, and that death occurred at 1:30 P.M.; from the causes and on the date stated above.
SIGNATURE Theodore H. Johnson (Degree or title) M.D. ADDRESS 40 Northwood Street Annapolis, Md. DATE SIGNED 7/15

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/17/53
NAME OF CEMETERY OR CREMATORY Brewer Hill.
LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 17, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese II
ADDRESS 108 W. Washington St. Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

T

RECEIVED
JUL - 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/5

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 926 N. Stricker Street

3. NAME OF DECEASED: (Type or Print) (First) Antoinette (Middle) Joy (Last) Nash

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7 July 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Fort George G. Meade, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morris Nash

14. MOTHER'S MAIDEN NAME: Edwiner Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Mrs. Morris Nash, 926 N. Stricker St., Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Cerebral anoxia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1953, to 9 July, 1953, that I last saw the deceased alive on 9 July, 1953, and that death occurred at 9.45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Mary E. Steinheimer, Capt. MC — U.S. Army Hospital Ft. Meade, Md. — 10 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11 July 53 — NAME OF CEMETERY OR CREMATORY: Fort George G. Meade — LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: 14 July 1953 — SIGNATURE: T. A. GORDON, CWO, USA

24. FUNERAL DIRECTOR: GEORGE CASEY, CAPT., Fort Meade, Maryland — ADDRESS

DISPATCHED
JUL 15 1953
U.S. ARMY HOSP.
FT. GEO. G. MEADE, MD.

RECEIVED
JUL 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 114 Archwood Ave

3. NAME OF DECEASED: (Type or Print) (First) JOERRES (Middle) A (Last) NEWTON

4. DATE OF DEATH: (Month) (Day) (Year) JULY 7, 1953 19

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: April 18, 1902

9. AGE last birthday: 51 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): ANNAPOLIS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ARTHUR W. GROLLMAN

14. MOTHER'S MAIDEN NAME: MARIE ZORN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **** (If Yes, give war or dates of service) ***

16. SOCIAL SECURITY NO.: *****

17. INFORMANT & ADDRESS: MRS SIDNEY W. FRENCH, Sister- Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Myocarditis & Myocardial — 2 years

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pulmonary Tuberculosis (Healed) — Several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to July 7, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George C. Boeri M.D. Annapolis Md — 7-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 9 1953

NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE RECD BY LOCAL REG.: July 8, 1953

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Ben L. Hopping and Son Annapolis, Md.

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/5 551

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 114 Archwood Ave

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) NEWTON

4. DATE OF DEATH: (Month) JULY (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: November 17, 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): Boston, Mass

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO.: 214-12-0635

17. INFORMANT & ADDRESS: Mr Clarence Newton Son same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease — DUE TO	Unk yrs
	(c) Generalized Arteriosclerosis — DUE TO	Unk yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George C Boxil M.D. Annapolis Md — 7-18-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 18, 1953

NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: July 18, 1953

REGISTRAR'S SIGNATURE: J. C. O'Donnell

24. FUNERAL DIRECTOR — ADDRESS: Ben L. Hopping and Son Annapolis, Md.

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Balt. Co. | LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 6 Maple St

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) Richard (Last) Raab
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis John Raab
14. MOTHER'S MAIDEN NAME: Charlotte Rebecca Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-07-3011
17. INFORMANT AND ADDRESS: MRS JULIA SMITH 6624 Washington St Harlington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☒, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE: Basil Linn Grantham (Degree or title) M.D. ADDRESS: Brady Side Md. DATE SIGNED: 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 7/23/53 | NAME OF CEMETERY OR CREMATORY: Ives Funeral Home | LOCATION (City, town, or county) (State): Annapolis Co.

DATE REC'D BY LOCAL REG.: July 23-53 | REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR: T A Hardesty & Sons ADDRESS: Glen Burnie Md.

VS. A14

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]20

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Dorsey
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorsey
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) M. (Last) Remsnider

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: May 21, 1871

9. AGE Last birthday 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework (At)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Boston

14. MOTHER'S MAIDEN NAME: Elisa Sole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. May S. Blalock - Dorsey, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intestinal Obstruction — Interval Between Onset And Death: 3 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Diverticulitis — Recurrent attacks — 2 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arterio-sclerosis — 2 yrs.

19a. DATE OF OPERATION: 4/28/53. **19b. MAJOR FINDINGS OF OPERATION:** Partial Intestinal Obstruction. Diverticulitis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28/53, 19 to 7/10/53, 19. , that I last saw the deceased alive on 7/10/53, 19. , and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE: Frank Shipley, M. D. (Degree or title) — ADDRESS: Savage, Md. — DATE SIGNED: 7/11/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF: July 13, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Dorsey Md.

DATE REC'D BY LOCAL REGISTRAR: July 11-53 — REGISTRAR'S SIGNATURE: Clara Kastick

24. FUNERAL DIRECTOR R. P. Singleton — ADDRESS: Glen Burnie, Md.

RECEIVED
JUL 27 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O.Pasadena; LENGTH OF STAY (In this place) Few minutes; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Road, 50 feet North of Mountain Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2818 E.Madison,St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) K. (Last) Short

4. DATE OF DEATH (Month) July (Day) I7 (Year) I953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: I0/3/3I

9. AGE last birthday: 2I yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor on P.R.R.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kenctucky,A.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Short

14. MOTHER'S MAIDEN NAME: Dixie Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If yes, give war, or dates of service): Marine

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs.Betty Short (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Broken neck.Fractured skull. Comm.compound

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b). fracture of right tibia and fibula.

(c).

Interval Between Onset and Death: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. TRAUMATIC INJURY: WAS INJURY (PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN) P.O.Pasadena, A.A. Md. (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: 7/I7/53-3.I5 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? While riding on motorcycle, failed to negotiate curve hit pole.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident ☒ suicide , homicide , undetermined .*

SIGNATURE: Luciano K Pantaleo M.D. (Degree or title) Deputy Medical Examiner, ADDRESS Glen Burnie, Md. DATE SIGNED 7/I8/53

DISPOSITION: Buried; DATE THEREOF: 7-; NAME OF CEMETERY OR CREMATORY: Olivet; LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 7-20 53; REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: York; ADDRESS

MARGIN RESERVED FOR BINDING

WRITE WITH UNFADING INK. Supply every item of information carefully. The ... especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25 (50) LENGTH OF STAY (in this place) 5 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Creswell Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25 (50)

STREET ADDRESS (If rural, give location) 404 Creswell Rd

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) FRANCIS (Last) SIMMONS

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: August 14 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAMFITTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CRUMPTON MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK GIBBONS SIMMONS

14. MOTHER'S MAIDEN NAME: MARGARET SCHNEIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ YES (If Yes, give war or dates of service) SPANISH AMERICAN 1898 - 1902

16. SOCIAL SECURITY No.: 212-16-0025

17. INFORMANT & ADDRESS: DAUGHTER - SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 [illegible]

Immediate cause (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 min.

DUE TO

Antecedent cause(s) (b) Arteriosclerosis general.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to July, 1953, that I last saw the deceased alive on SEPT, 1949, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE Bobby L. Jones (DEGREE OR TITLE) MD. ADDRESS 5 Central Ave SW, Glen Burnie DATE SIGNED 7/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Bureal DATE THEREOF 7/30/53 NAME OF CEMETERY ~~OR CREMATORY~~ U.S. National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/29/53 REGISTRAR'S SIGNATURE G W Hedrich

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St Paul St.

JCL

PR. 3272 J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

2.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) AMELEL	(Middle) EUGENE	(Last) Simms	4. DATE OF DEATH	(Month) 7	(Day) 23	(Year) 1953
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 4-7-1904	9. AGE last birthday 49 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (State or foreign country) Lothian, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME James Simms	14. MOTHER'S MAIDEN NAME Julia P. Jones						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 213-05-0096	17. INFORMANT Lorena Simms - Harwood, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	6 hrs
023X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac insufficiency	Unk
	(c) Luetic C.V. DISEASE	Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 23 July, 1953, to 23 July, 1953, that I last saw the deceased alive on 10 July, 1953, and that death occurred at 2:00 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	23 July 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-26-53	NAME OF CEMETERY OR CREMATORY Mt. Zion	LOCATION (City, town, or county) (State) Lothian, Md.
DATE REC'D BY LOCAL REG. July 26, 1953	REGISTRAR'S SIGNATURE Eki Uick Williams	24. FUNERAL DIRECTOR William Leese, II - 108 N. Washington St. Annapolis, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 228

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 1 yr. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 2026 Llewellyn Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Henry (Last) Smith
4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?
8. DATE OF BIRTH: 1894?
9. AGE last birthday: 59? yrs. IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Syndy Smith
14. MOTHER'S MAIDEN NAME: Betty Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) – – –
16. SOCIAL SECURITY No.: – – – – –
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: – – – – –
19b. MAJOR FINDINGS OF OPERATION –
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) – – –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – – –
(CITY OR TOWN) (COUNTY) (STATE) –
TIME OF INJURY (Month) (Day) (Year) (Hour) – – – – – m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from 2/1, 1953, to 7/19, 1953, that I last saw the deceased alive on 7/19, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/24/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR July 24, 1953
REGISTRAR'S SIGNATURE Mrs. Katherine M Joyce
L. J. De Albo Asst.

24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7569

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margaret's
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Dale (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 2/19/1931
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Claims Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oden F. Smith
14. MOTHER'S MAIDEN NAME: Mary Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lee Smith St. Margaret's Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis + Myocardial Insufficiency + pulmonary edema — Interval Between Onset And Death: Sudden

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease + — 9 years
DUE TO (c) Chr. Bacterial Endocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. with Aortic Stenosis — 9 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1944, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 8 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) George C Basil M. D. ADDRESS Annapolis Md. DATE SIGNED Aug. 2. 53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 8/3/53 NAME OF CEMETERY OR CREMATORY St. Margaret's LOCATION (City, town, or county) St. Margaret's (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 3, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor + Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 yr. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2415 Druid Hill Ave.

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) --- (Last) Soden
4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 7-2-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Melvin Sherrod
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): ---
16. SOCIAL SECURITY No.: -- -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Chronic myocarditis	unknown
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Generalizdd arteriosclerosis	unknown
DUE TO		
(c)		

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION - - -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - --
(CITY OR TOWN) -- (COUNTY) -- (STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ -
HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from 2/1 ....., 19 53, to 7/26 ....., 19 53 that I last saw the deceased alive on 7/26 ....., 19 53, and that death occurred at 3:45 PM ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eibert M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 7-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-30-1953
NAME OF CEMETERY OR CREMATORY: Mt. Auburn
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 7/29/53
REGISTRAR'S SIGNATURE: A W Fredrick
24. FUNERAL DIRECTOR: Ballard Funeral Home
ADDRESS: 1631 Druid Hill Ave

JCL

M

26

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Twin Oak Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Catherine (Last) Sondergeld
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1953

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar. 2 1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harry Hartman
14. MOTHER'S MAIDEN NAME Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Hilda Berkintine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cardio Vascular Disease — 2-3 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 10 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1951, to 7/2, 1953, that I last saw the deceased alive on 7/2, 1953, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. (Degree or title) MD ADDRESS Linthicum Md DATE SIGNED July 2 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 6-1953 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25 | LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenland Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee COUNTY Hawkins
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogersville
STREET ADDRESS (If rural, give location) Route II

3. NAME OF DECEASED (Type or Print) (First) Patricia (Middle) Caroline (Last) Spriggs
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1953

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 9/3/41
9. AGE last birthday II yrs. | If under 1 year Months | Days | If under 2 days Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School pupil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rogersville, Tenn.
12. CITIZEN OF WHAT COUNTRY U S A

13. FATHER'S NAME Edward C. Spriggs
14. MOTHER'S MAIDEN NAME Alma Alvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. E. C. Spriggs (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. IN MEDICAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X
PLACE OF INJURY (Home, farm, factory, street, office, etc.) Stoney Creek (CITY OR TOWN) Stoney Creek (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/5/53 7.15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE Gustave H. Parker [signature] (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 7/5/53

DATE OF CREMATION Burnie | DATE THEREOF July 8.53 | NAME OF CEMETERY OR CREMATORY Highland Pk Cemetery | LOCATION (City, town, or county) Hawkins Co (State) Tenn

DATE RECEIVED BY LOCAL REGISTRAR July 6, 1953 | REGISTRAR'S SIGNATURE L. J. D'Alba | 24. FUNERAL DIRECTOR Donaldson Funn Home ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodland Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LILLY (Middle) MAE (Last) STALLINGS
4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-10-1917
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lothian Md.
12. CITIZEN OF WHAT COUNTRY? N.S.A

13. FATHER'S NAME: Samuel Wood
14. MOTHER'S MAIDEN NAME: Agnes Brady

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Wm A Stallings - R.F.D. Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

642.3

Immediate cause (a) 1) acute left ventricular failure with pulmonary edema due to toxemia of pregnancy and eclampsia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c) DUE TO

Interval Between Onset And Death: mole terminate 36 hours after convulsions

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension, gen. edema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) April (Day) 29 (Year) 1953 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1953, to 7-1, 1953, that I last saw the deceased alive on 7-1, 1953, and that death occurred at 8:25 PM, from the causes and on the date stated above.

SIGNATURE Edith Kroller (Degree or title) M.D. ADDRESS 45 Franklin St. Annapolis Md. DATE SIGNED 7-6-53.

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) DATE THEREOF 7-5-53 NAME OF CEMETERY OR CREMATORY All Hallows Cemt LOCATION (City, town, or county) A.A. Co (State) Md

DATE REC'D BY LOCAL REGISTRAR July 5, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Larkin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) Admiral Drive

3. NAME OF DECEASED: (Type or Print) (First) Bertie (Middle) (Last) Stewart
4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 1-27-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Johnny Boston
14. MOTHER'S MAIDEN NAME: Maggie Bonds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Kirby Stewart = Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 6 Wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1953, to 7-17, 1953, that I last saw the deceased alive on 7-17, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE Faye W. Allen (Degree or title) M.D. ADDRESS 10 Carroll St DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-21-53 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 21, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR William Reese, II 108 N. Washington St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 30

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 53 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1524 Pulaski Street

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Stewart
4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/11/83
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Moore
14. MOTHER'S MAIDEN NAME: Cornelia Moore Stewart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - - - (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY No.: - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Dis DUE TO
(c)

Interval Between Onset And Death: Since June 25th Since admission

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: - - - - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from May 21, 1953, to July 13, 1953, that I last saw the deceased alive on July 13 1953, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE Joyce V. Allen (Degree or title) M.D. ADDRESS 10 Carroll St DATE SIGNED 7-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 17 1953 NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk. LOCATION (City, town, or county) Baltimore Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/16/53 REGISTRAR'S SIGNATURE H. W. Hedrick Dmn 24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1632 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 113 Fifth Ave. S.E.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): 113 Fifth Ave., S.E.

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) CATHERINE (Last) TIDDY

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1858

9. AGE last birthday. 94 yrs. IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Work(Ret'd)

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Wheeling W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis F. Beeler

14. MOTHER'S MAIDEN NAME: Amanda

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John F. Cadegan — 113 Fifth Ave. S.E. Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage. — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-Vascular Disease — 10 year.

DUE TO

(c)

(170X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to July 5, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE: James S. Bellengalo MD (Degree or title) — ADDRESS: 108 Central Av. Glen Burnie Md — DATE SIGNED: July 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 8, 1953 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR: July 7 1953 — REGISTRAR'S SIGNATURE: L. J. D'Alba.

24. FUNERAL DIRECTOR: T.W. Singleton, — ADDRESS: Glen Burnie, Md.

VS. A1

RECEIVED
JUL 10 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 413 Dallas Street

3. NAME OF DECEASED: (Type or Print) (First) Elijah (Middle) (Last) Tiwlery

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1895?

9. AGE last birthday: 58? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Tiwlery

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY No.: - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Myocarditis — Interval Between Onset And Death: 6/24/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION - - - -

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen'l Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) (Last) Tongue

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 13, 1873

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country) Owensville

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerry Tongue

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Frank Tongue, Shady Side, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Dehydration & shock	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Diarrhea & vomiting c/o.	1 day
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16/53, to 7/17/53, that I last saw the deceased alive on 7/17/53, and that death occurred at 6:39 P.M., from the causes and on the date stated above.

SIGNATURE Frank M Shipley (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 7/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/19/53 NAME OF CEMETERY OR CREMATORY Elms LOCATION (City, town, or county) Owensville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 17, 1953 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR T. A. Hardesty & Son ADDRESS Galesville Md

RECEIVED
JUL 21 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D C
STREET ADDRESS (If rural give location) 404 E Capital St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) B. (Last) Turley
4. DATE OF DEATH: (Month) JULY (Day) 11 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED.~~ (Specify)
8. DATE OF BIRTH: Feb 2 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Machinist & Engineer
10b. KIND OF BUSINESS OR INDUSTRY?
11. BIRTHPLACE (State or foreign country): Pittsburgh Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas T. Turley
14. MOTHER'S MAIDEN NAME: Maria Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Phil Kertley Nephew Westport Conn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 10 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 5 months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-, 1953 to 7-11-, 1953 that I last saw the deceased alive on 7-11-1953, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 7-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-14-53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Martin W Hyrang CO (State) Smithsonia Md

DATE REC'D BY LOCAL REGISTRAR July 11, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR 1300 N St N W Co ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenburnie
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arunde
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenburnie
STREET ADDRESS (If rural give location) 319 Sixth Ave., N. E.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A. (Last) VOGEL
4. DATE OF DEATH: (Month) July 18 (Day) (Year) 19 53

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 14, 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Strassel
14. MOTHER'S MAIDEN NAME: Clara Ehrlanger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles Vogel, husband, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) General Arteriosclerosis — Interval Between Onset And Death + 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to July 18, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE Gustav A. Fauber M.D. (Degree or title) ADDRESS Glen Burnie, Md DATE SIGNED 7/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 21, 1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Belair Rd., Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7/20/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS
STREET ADDRESS (If rural give location): 408 SECOND STREET

3. NAME OF DECEASED: (Type or Print) (First) Sheila (Middle) Kathryn (Last) WHITEMORE

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11 March 1952

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Sidney WHITEMORE

14. MOTHER'S MAIDEN NAME: Juanita RUSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital records; USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LEUKEMIA, MYELOGENOUS (ACUTE) 204.1 — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 June, 1953, to 21 July, 1953, that I last saw the deceased alive on 21 July, 1953, and that death occurred at 1:50 AM, from the causes and on the date stated above.

(SIGNATURE) W. I. NEIKIRK, LCDR MC USN (Degree or title) — ADDRESS: U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 24, 1953 — NAME OF CEMETERY OR CREMATORY: St. David Cemetery — LOCATION (City, town, or county) (State): Cheraw, Chesterfield Co., S.C.

DATE REC'D BY LOCAL REGISTRAR: July 21, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis Md.

RECEIVED
JUL 9[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
STREET ADDRESS (If rural give location) U. S. ARMY HOSPITAL

3. NAME OF DECEASED: (Type or Print) First) Miles (Middle) Freeman (Last) Whittaker

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 23 July 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd L. Whittaker

14. MOTHER'S MAIDEN NAME: Barbara Ellen Whittaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: –

17. INFORMANT & ADDRESS: Lloyd L. Whittaker, Co E/F 2053rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

76 5

Immediate cause (a) Pulmonary edema

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary atelectasis

DUE TO

(c) Prematurity-2400 gms

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July, 1953, to 25 July, 1953, that I last saw the deceased alive on 25 July, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE Mary E. Steinheimer (Degree or title) Capt. MC ADDRESS U.S. Army Hospital, Ft. Meade, Md. DATE SIGNED 25 July 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Unknown

NAME OF CEMETERY OR CREMATORY Princeton Memorial

LOCATION (City, town, or county) (State) Princeton, Mercer, W. Va.

DATE REC'D BY LOCAL REGISTRAR 23 Jul 53

REGISTRAR'S SIGNATURE Arthur J. Goebel, CAPT, MSC

24. FUNERAL DIRECTOR Frederick Givers, Princeton, W. Va. ADDRESS

2073201364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 106 Tolson St.

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) R. (Last) WILKINS

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: MAY 31, 1918

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William U Smith

14. MOTHER'S MAIDEN NAME: Lillian Stackmany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Boulden E. Wilkins Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

456X

Immediate cause (a) Hypertensive Encephalopathy — Interval Between Onset And Death: 18 HRS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Undetermined Lupus Erythematosus — 1-2 YRS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While Working ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 APR, 1953, to 6 JULY, 1953, that I last saw the deceased alive on 6 July, 1953, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward L. Beck MD — ADDRESS 41 SOUTHGATE AVE — DATE SIGNED 7 JULY 53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF 7/10/53 — NAME OF CEMETERY OR CREMATORY PARKWOOD — LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE REC'D BY LOCAL REGISTRAR July 8, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR John M. Taylor & Sons — ADDRESS Annapolis, Md.

RECEIVED

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY H-A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RANDOLPH (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 1-2-53
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Oyster Shucker
10b. KIND OF BUSINESS OR INDUSTRY: Fort Norris N. Jersey
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Williams
14. MOTHER'S MAIDEN NAME: Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3=X

Immediate cause (a) Cerebro-vascular accident — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c) Generalized arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953, to 7-18-, 1953, that I last saw the deceased alive on 7-18-, 1953, and that death occurred at 7-18-53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 20-53
NAME OF CEMETERY OR CREMATORY Branch
LOCATION (City, town, or county) Marion Somerset (State) Md

DATE REC'D BY LOCAL REGISTRAR July 27 1953
REGISTRAR'S SIGNATURE K. M. [illegible]
24. FUNERAL DIRECTOR Charles H Ward ADDRESS Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06740

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayside Beach (Pasadena P.O.)
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lake Drive and Summit Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayside Beach (Pasadena P.O.)
STREET ADDRESS (If rural give location) Lake Drive and Summit Road

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) C. (Last) Wolf
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: January 4 1864
9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework (at)
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James M. McDaniel
14. MOTHER'S MAIDEN NAME: Frances L. Elkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr. Robert D. Clark Bayside Beach (Pasadena P.O.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
443X Immediate cause	(a) Cerebral Hemorrhage	3 hours
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertensive Cardio Vascular Disease	10 yrs.
DUE TO		
	(c) Arteriosclerotic Cardio Vascular Disease	10 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to July 30, 1953, that I last saw the deceased alive on 7/30, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Brady Smith M.D. Riviera Beach, Md. 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF August 1, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR July 31, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba.
24. FUNERAL DIRECTOR Richard V. Singleton ADDRESS Glen Burnie, Md.

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06741

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA, M.D.
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT. 2, Box 72, Pasadena, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANN ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKFIELD, (PASADENA-P.O.) MD
STREET ADDRESS (If rural give location) RT. 2, Box 72, BROOKFIELD ROAD

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HAYDEN (Last) ZEIGLER

4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 19 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 1, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): MARYLAND (BALTO. CO.)

12. CITIZEN OF WHAT COUNTRY? YES

13. FATHER'S NAME: MR. WILLIAM ZEIGLER

14. MOTHER'S MAIDEN NAME: AGNES M. HOPKINS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-18-0279A

17. INFORMANT & ADDRESS: HARRIETT B. ZEIGLER (wife) 437 N. PATTERSON PARK BALTO. 31, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute coronary thrombosis — Interval Between Onset And Death: 7 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) chronic myocarditis — 1 year

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic asthma

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 July, 1953, to 18 July, 1953, that I last saw the deceased alive on 17 July, 1953, and that death occurred at 2:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert F. Mannyak M.D. ADDRESS 901 Edgerly Rd, Glen Burnie, Md DATE SIGNED 7-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-21-1953

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 7/20/53

REGISTRAR'S SIGNATURE a W Hedrick

24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

J1